KIRSTEN E. GILLIBRAND

NEW YORK SENATOR

RUSSELL SENATE OFFICE BUILDING **SUITE 478** WASHINGTON, DC 20510-3205 202-224-4451

United States Senate

WASHINGTON, DC 20510-3205

COMMITTEES: ARMED SERVICES **ENVIRONMENT AND PUBLIC WORKS AGRICULTURE** SPECIAL COMMITTEE ON AGING

OFFICE OF UNITED STATES SENATOR KIRSTEN GILLIBRAND

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I hereby request the assistance of Senator Kirsten Gillibrand. I authorize Senator Gillibrand and her staff to make inquiries into my personal records and/or files as necessary to assist me in the matter that I have presented to her office. The information I have provided is true and accurate to the best of my knowledge.

Signature:		Date:
Name (please print):		Date of Birth:
Address:		
City:	State:	Zip:
Telephone:	E-mail:	
Federal Agency Involved:		
Case No. and/or Social Security N	o.:	
Do you currently have a case pend	ing before a local, state, or fe	ederal court pertaining to this matter?
Yes: or No:		
Did you submit a description of yo	ur matter through Senator C	Gillibrand's website?
Yes: or No:		
(Optional) I also authorize Senator	Gillibrand to share information	tion pertaining to this matter with the following:
Name:	Relationship:	
Name:	Relationship:	
		plaining your issue and relevant supporting
documentation by email to <u>casewo</u>	ice of Senator Kirsten Gillib	•
	Third Avenue, Suite 2601	
	v York, New York 10017	
	Section 1997	70 7000 PART 1000 PART 100

Attn: Department of Constituent Affairs

If you have questions or concerns regarding this form, please contact Senator Gillibrand's Department of Constituent Affairs at (212) 688-6262.

Fax (315) 448-0476